Alabama Department of Public Health COVID -19 Vaccine Administration Form PATIENT INFORMATION

Last Name		First Name		M.I.	Gender
Last 4 Digits of Social Security Number	Date of Birth	Age	Race ☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Unknown	Ethnicity ☐ Hispanic/Latino ☐ Non-Hispanic ☐ Unknown	
Street Address			Phone		
City	County		State	Zip	

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Last Name	First Name	Relationship to Patient ☐ Parent ☐ Legal Guardian ☐ Other _____	
Street Address if Different	City	State	Zip
Phone	Emergency Contact		

INSURANCE INFORMATION

Insurance Provider: ☐ United Healthcare ☐ SEIB ☐ PEEHIP ☐ Humana ☐ Medicare ☐ BCBS ☐ Medicaid ☐ Other_____			
Group Number _____ Effective Date of Policy_____		Insurance Policy Number, Medicaid, or Medicare Number	
Card Subscriber Name Last First		Subscriber Date of Birth	Relationship to Patient ☐ Self ☐ Parent ☐ Legal Guardian ☐ Spouse ☐ Other _____

I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated. I authorize billing insurance for the vaccine administration fee for the vaccine provided. I have also received notice of my privacy rights, and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices." I understand this information is available upon request, as well as available for review at the time of vaccination.
Signature or person to receive the vaccine or authorized representative or Legal Guardian:

X_____ DATE _____

(FOR CLINIC USE ONLY)

Date Vaccine and EUA/VIS Given	**Type and Date of VIS or EUA Fact Sheet** 02/25/2021	**Clinical Site**	**County Code**	**NCES #**
Vaccine Given: ☐ **Pfizer 1st dose**	**Admin Code 0001A**	☐ **Pfizer 2nd dose** ☐	**Admin Code 0002A**	CPT code 91300
Site Location:	**Manufacturer** Pfizer	**Lot Number**	**NDC # 59267-1000-02**	**Site of Injection** LA RA **RT LT** / **Route** IM
Nurse Signature			**Date**	

COVID -19 Vaccine Form 12/15/2020
Revised 03/11/2021 Pfizer